



Phase Two Guidance Coronavirus 2019 (COVID-19): Guidance for Places of Worship

During Phase Two, the public, businesses, and community organizations are required to adopt new behaviors and rigorous safeguards to reduce risk for all. Places of worship serve a vital role in promoting the spiritual and mental health of their congregations. The following measures must be implemented to help reduce the risk of COVID-19 transmission amongst employees, volunteers, members, and the community. For additional information visit coronavirus.dc.gov.

Please note that any individual experiencing symptoms of COVID-19 or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure¹ not work in or visit a place of worship due to the risk of exposing others. Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.

Phase Two General Information for Places of Worship

- The lowest risk worship services are virtual services. Places of worship are strongly encouraged to continue providing virtual service options.
 - Participation limited to virtual worship services is especially recommended for unvaccinated people, as well as for older adults and people of all ages with chronic medical conditions who are at higher risk for severe illness from COVID-19.
- Outdoor services are safer than indoor services and continue to be encouraged.
 - o There is no numeric cap on the number of persons that can attend an outdoor service. Services and activities may be considered to be outdoors if they are held in structures with a roof and not more than two flaps or sides.
- **UPDATE:** Per Mayor's Order 2021-060, effective May 1, 2021, in-person worship services held indoors may increase capacity to 40% (up from 25%) of the capacity of the room(s) or area in the facility where the service is occurring as per the Certificate of Occupancy (except as provided by court order or waiver), not including clergy and staff. This applies to core religious services or sacraments only.
- All other activities not involving core religious services or sacraments (e.g., religious education classes, youth events, support groups, and any other social programming) must follow general gathering size limitations. Indoor gatherings are limited to a maximum of 10 persons indoors and 50 outdoors, not including clergy and staff.
- Houses of worship conducting in-person services must continue to use a reservation system or some means of ensuring that there will not be crowding inside or outside the facility.
- Household members attending together may be seated as a group and must not exceed 10 persons in a household group. Each group must be seated at least 6 feet in all directions from every other group.
- Safety protocols must be written and available to DC Health officials upon reasonable request.
 Safety protocols must include mandatory masking, plans for ingress and egress of worshippers, hygiene and airflow, and wellness checks.
- Houses of worship must cooperate with DC Health officials, or public health officials from other states upon request to assist in contact tracing.

Everyday Prevention Measures

 Across all phases of reopening, clergy, staff, volunteers, and congregants should be educated and encouraged to practice the following:

o Get the COVID-19 vaccine. Find out more at coronavirus.dc.gov/vaccine.

¹ For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine* after COVID-19 Exposure at coronavirus.dc.gov/healthguidance





- Stay at home if you are sick or were recently exposed to someone with COVID-19².
- o **Practice social distancing.** Stay at least 6 feet from other people.
- You must wear a cloth face covering at all times. If you are unable to wear a cloth face covering, virtual services are strongly recommended.
 - Masks protect the wearer and protect other people.
 - Masks are most effective if they fit snugly to the face and have 2-3 layers of tightly woven fabric.
 - Masks are not recommended for children younger than age two.
 - For more information about mask wearing see Masks and Cloth Face Coverings for the General Public at coronavirus.dc.gov/healthguidance.
- o Avoid shaking hands and other physical contact with people outside of your household.
- o Cover coughs and sneezes with a tissue or use the inside of the elbow. Used tissues should be thrown in the trash and hands washed.
- o Gloves should be worn only as indicated per routine facility responsibilities.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand rub).
 - o Key times to perform hand hygiene include:
 - Before and after using the toilet,
 - Before and after putting on, touching, or removing cloth face coverings,
 - Before and after handling any shared objects (i.e. books).
 - After handling other people's belongings,
 - After blowing your nose, coughing, or sneezing, and
 - After finishing services and departing.

Prevention Measures to Encourage Safety

- Conduct any indoor services and gatherings in large, well-ventilated areas.
- Post signage at the entrance to the facility stating that no one with a fever or symptoms of COVID-19 is permitted to enter and that individuals must wear a mask or cloth face covering.
- Post signs in highly visible locations (e.g., entrances, restrooms, gathering halls/community rooms) that promote everyday protective measures including use of face coverings, social distancing, and hand hygiene.
- Make hand sanitizer easily accessible at every entrance of the building.
- Provide supplies to allow for frequent hand hygiene (e.g., soap and water or alcohol-based hand sanitizers with at least 60% alcohol). Ensure hand hygiene products are accessible in staff and public areas.
- Provide clergy, staff, and volunteers with appropriate personal protective equipment (e.g., masks, gloves) and cloth face coverings.
- Train all clergy and staff, including volunteers in COVID-19 safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing ismaintained.
- Encourage clergy, staff, volunteers, and attendees to remain at least 6 feet apart from anyone not from their household.
- Be cognizant that traditional choir configurations pose an increased risk of COVID-19 transmission. Performances and practices are strongly discouraged in PhaseTwo and should only be done if all participants are masked.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, clergy, volunteers, and congregants should know who this person is and how to contact them if they become sick or are around others diagnosed with COVID-19.
- Implement employee leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
 - o Employees who report COVID-19 symptoms,
 - o Employees who were tested for COVID-19 due to symptoms, exposure, or travel and

² For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine* after COVID-19 Exposure at coronavirus.dc.gov/healthguidance





test results are pending,

- o Employees who are isolating due testing positive for COVID-19:
- o Employees who need to quarantine due to close contact to someone who tested positive for COVID-19³;
- o Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Encourage and support staff to get the COVID-19 vaccine by providing leave options to get the vaccine and if they experience common side effects.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave
 Act and the DC Sick and Safe Leave Law and created whole new categories of leave,
 like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- Educate employees about COVID-19. Refer to https://coronavirus.dc.gov/ for more information.
- Other organizations that share or use the facilities should follow these safeguards as applicable.
- If providing childcare services, programs must follow DC Health *Guidance for Childcare*, at coronavirus.dc.gov/healthguidance.
- If your faith community provides social services in the facility as part of its mission, refer to DC Health's relevant guidance documents at coronavirus.dc.gov/healthguidance.
- **For more information specific to places of worship**, see the Centers for DiseaseControl and Prevention(CDC)website: cdc.gov/coronavirus/2019-ncov/community/faith-based.html.

Avoid Close Contact and Reduce Touchpoints

- Provide physical guides, such as tape on floors and walkways and signs on walls, to encourage appropriate distancing.
- Discourage any congregating in parking lots or outside the place of worship.
- Use visual cues to help prevent congregating.
- Reconfigure or mark seating arrangements to delineate physically distant seating in worship and gathering spaces.
- Develop staff and congregant movement flows to minimize face-to-face passing (e.g. "one-way routes" in hallways).
- Train and deploy social distancing ambassadors in high-traffic areas or at high-traffic times.
- Consider closing off or limiting access to areas where physical distancing cannot be practiced.
- Limit the sharing of frequently touched objects, such as worship aids, prayer rugs, prayer books, hymnals, religious texts, bulletins, and books. Encourage congregants to bring their own such items, if possible, or consider photocopying or projecting prayers, songs and texts using electronic means.
- Modify the methods used to receive financial contributions. Consider a stationary collection box, the mail, or electronic/online methods of collection of regular or one-time financial contributions instead of shared collection trays or baskets.
- Discourage physical contact (e.g., shaking hands, hugging, or kissing) among members of the faith community who are not from the same household.
- If food is offered at any social gathering, pre-packaged options are strongly recommended. Avoid buffet or family-style meals as the sharing of serving utensils is risky. The more people in close contact with the food, the higher the risk.

Screening and Monitoring for Symptoms

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³ For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine* after COVID-19 Exposure at coronavirus.dc.gov/healthguidance





- Perform screening (e.g., symptom questionnaires) of staff and volunteers who are not fully vaccinated prior to them entering the premises, over the phone or in person.
 - o For Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance.
- If staff or volunteers develop any symptoms of COVID-19 while at the place of worship, there should be a plan in place for that individual to immediately isolate, notify someone, and leave the premises.
- Close off areas used by the sick person and do not use the area until after cleaning and disinfection.
- Places of worship must maintain a daily record of all individuals who have been on the premises
 for at least 30 days to assist with contact tracing. Information collected must include name, date
 and time of visit, phone number, and email (if available). This information must be provided
 within 24 hours if requested by DC Health if a case of COVID-19 occurs in order to assist with
 contact tracing.

Clean and Disinfect

- Places of worship must develop a comprehensive plan for increased routine cleaning (and disinfection as needed) of common areas and frequently touched surfaces (e.g., light switches, elevator buttons, handrails, door handles, sink handles, workstations, keyboards).
 - Ensure that any other group that uses the facility follows this cleaning protocol.
- Facility management must properly train staff on cleaning procedures and monitor cleaning schedules to ensure compliance.
- Rooms/areas should be thoroughly cleaned between services or other activities or gatherings. Leave enough time in between scheduled events for cleaning.
- Frequently touched surfaces should be cleaned at least daily.
- Clean any shared objects frequently, based on level of use.
- Avoid use of items that are not easily cleaned.
- Restrooms must be cleaned and disinfected at least every 4 hours when in use, with special attention to high-touch surfaces (such as faucets, toilets, stall doors, door handles, countertops, diaper changing tables, and light switches. Restrooms should be appropriately marked and monitored to ensure social distancing guidelines are followed (please note neighboring stalls may be used). Ensure an adequate supply of soap and paper towels is present at all times.
- Use disposable gloves when handling trash bags. Once done handling trash, dispose of gloves in a lined trash can. Do not reuse gloves. Perform hand hygiene after removing gloves.
- For comprehensive guidance on cleaning and disinfection, please see the following DC Health guidances at coronavirus.dc.gov/healthguidance:
 - o Guidance on Cleaning and Disinfection for Community Facilities with Suspected or Confirmed COVID-19
 - o Guidance on Routine Cleaning and Disinfection for Community Facilities

Building Considerations

- Consider making the following improvements to improve building ventilation (<u>cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html</u>):
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Use fans to increase the effectiveness of open windows.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms).
 - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Decrease occupancy of spaces with poor ventilation.
 - Improve central air filtration to the highest level compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Check filters to ensure they are within service life and appropriately installed.





- Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
- o Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas).
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Consult with a specialist to see what works for your building.
- If the building was closed for an extended period of time, remember to ensure all water systems are safe to use. For more information, see CDC's Guidance for Reopening Buildings after Prolonged Shutdown or Reduced Operation: cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Establish a Plan for COVID-19 Exposure

- Establish a plan in the event an employee is diagnosed with COVID-19.
- Identify a point of contact at the establishment that an employee can notify if they test positive for COVID-19 and choose to disclose this information.
- If an individual develops any of the symptoms above during the workday, there must be a plan in place for that individual to immediately isolate, notify their supervisor, and leave the establishment.
- If an employee chooses to report to the establishment that they are positive for COVID-19, the establishment must have a notification process to share the following with staff:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov.
 - o Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
- Refer to the guidance "First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19" at coronavirus.dc.gov/healthguidance.
 - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes over a 24-hour period, during that person's infectious period.
 - The infectious period starts two days before symptom onset and typically ends 10 days after symptom onset (or test date for people who do not have symptoms).
- Establishments must notify DC Health when:
 - An employee who frequently interacts with customers notifies the establishment they tested positive for COVID-19 (not before results come back)

AND

- the person was in the building during their infectious period.
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dc.gov/page/covid-19-reporting-requirements:
 - o Submit a Non-Healthcare Facility COVID-19 Consult Form.
- An investigator from DC Health will follow-up within 48 hours to all appropriately submitted notifications. Please note this time may increase as cases of COVID-19 increase in the District.

The guidelines above will continue to be updated as the outbreak evolves. Please visit <u>coronavirus.dc.gov</u> regularly for the most current information.